

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

Page 1 of __

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Danbury Hospital
24 Hospital Ave
Danbury CT 06810
M:

P. Moulaison

FLIS Staff

Licensure Category:

Acute Care Hospital

Licensed Bed
Bassinet Capacity:

430
26

Census: 297

Date(s) of onsite inspection: 5/21/18, 5/22/18

Date(s) additional information obtained:

Personnel contacted: Georges Carlson - Quality Manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[] Licensing Inspection [] Initial [] Renewal [] Other (e.g. strikes): _____

[] Visit OR Revisit for the purpose of _____

[] See Complaint Investigation # 23086, 23161

[] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

[] Desk Audit _____ [] Amended Letter: _____ Original Ltr. _____

[] Citation # _____ was issued to this facility as a result of this inspection.

[] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.

[] Citation # _____ was/was not verified as corrected. See attached narrative report.

[] Narrative report/additional information attached.

[] See Certification File.

[] Referral(s) to _____

REPORT SUBMITTED BY: P. Moulaison DATE OF REPORT: _____

[] Approval for issuance of license granted by: _____ DATE: _____
Supervisor/Title